

Iowa Vocational Rehabilitation Services – Referral for Services

Please complete all sections. If you would like assistance with this form, do not hesitate to ask. If you need more space, please use an additional piece of paper.

A. Personal Information:

First Name: _____ Middle/Maiden Name: _____
Last Name: _____ Preferred Name: _____
Home Address: _____ City: _____ State: _____ Zip: _____
County: _____ Home Phone: (____) _____ Cell Phone: (____) _____
Primary E-Mail: _____ Secondary E-Mail: _____
Sex: ☐ Male ☐ Female Social Security Number: _____ Date of Birth: _____ Age: _____

Do you require an interpreter? ☐ No ☐ Yes Language: _____

Preferred Method of Communication: ☐ E-mail ☐ Phone ☐ Video Relay

Permission to Send Text Messages: ☐ No ☐ Yes

Do you have a legal guardian? ☐ No ☐ Yes Name: _____ Phone: _____

Race: Please check all that apply.

☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American
☐ Asian ☐ American Indian or Alaska Native

Ethnicity: Please check one.

Hispanic or Latino ☐ No ☐ Yes

B. Referral Source:

Who referred you to IVRS? _____ Phone Number: (____) _____

What is the reason they suggested you apply for services? _____

IVRS Use Only:

- | | |
|--|--|
| <input type="checkbox"/> Educational Institutions (elementary/secondary) | <input type="checkbox"/> Employers |
| <input type="checkbox"/> Educational Institutions (post-secondary) | <input type="checkbox"/> Faith Based Organizations |
| <input type="checkbox"/> Medical Health Provider (Public or Private) | <input type="checkbox"/> Family and Friends |
| <input type="checkbox"/> Welfare Agency (State or local government) | <input type="checkbox"/> Intellectual and Developmental Disabilities Providers |
| <input type="checkbox"/> Community Rehabilitation Programs | <input type="checkbox"/> Mental Health Provider (Public or Private) |
| <input type="checkbox"/> Social Security Administration (DDS or District Office) | <input type="checkbox"/> Public Housing Authority |
| <input type="checkbox"/> One-stop Employment Training Centers | <input type="checkbox"/> State Department of Correction/Juvenile Justice |
| <input type="checkbox"/> Self-referral | <input type="checkbox"/> State Employment Services Agency |
| <input type="checkbox"/> Other Sources | <input type="checkbox"/> Veteran's Administration |
| <input type="checkbox"/> American Indian VR Services Program | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Centers for Independent Living | <input type="checkbox"/> Other State Agencies |
| <input type="checkbox"/> Child Protective Services | <input type="checkbox"/> Other VR State Agencies |
| <input type="checkbox"/> Consumer Organizations or Advocacy Groups | |

C. Contact Information:

Is there someone outside of your household who would usually be able to help us contact you?

First Name: _____ Last Name: _____ Relationship: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____
Primary E-Mail: _____ Secondary E-Mail: _____

Is there a relative who would usually be able to help us contact you?

First Name: _____ Last Name: _____ Relationship: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____
Primary E-Mail: _____ Secondary E-Mail: _____

D. Employment:

Do you have the documents necessary to comply with Form I-9, Employment Eligibility Verification, which all employers must file for new employees? ☐ No ☐ Yes

Are you currently employed? ☐ No ☐ Yes

Employer: _____ Job Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Wage: _____ per _____ (hour, week, biweekly, bimonthly, year)
Hours Per Week: _____ Date Began: _____
Specific Duties: _____

E. Transportation:

Do you have reliable transportation to get you to and from appointments and work? ☐ No ☐ Yes

What type of transportation do you use? (check all that apply)

☐ Private Vehicle ☐ Bus ☐ Taxi ☐ Family/Friends ☐ Other: please explain _____